P.O. Box 12070

# CORRECTION AFFIDAVITOF SAN ANTONIO CORRECTION AFFIDAVITOF SAN ANTONIO CORRECTION AFFIDAVITOF SAN ANTONIO

FOR CANDIDATE/OFFICEHOLDER					
See backside for instru	uctions  2  Total pages filed:				
CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST  Councilman Enrique  NICKNAME LAST  Barrera	MI M SUFFIX	OFFIC Date Received	CE USE ONLY	
ORIGINAL REPORT TYPE	January 15  Runoff  Other  Exceeded \$500 limit  30th day before election  15th day after treasurer appointment (officeholder only)	(specify)	Date Hand-delive	red or Date Postmarked	
	8th day before election Final report		Receipt #	Amount	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day	Year Year	Legal	Totals	
PERIOD COVERED	07/01/02 THROUGH 12/31	102	Date Processed  Date Imaged		
EXPLANATION OF CORRECTION	omitted in kind donation				
JULIA	report is true and promptly after lea	d correct and t arning of the er penalty of perj	hat I am filing I ror(s) in the ori ury, that I did n	, that this corrected this corrected report ginal report. I swear, ot intend to violate a al report.	
AFFIX NOTARY STA	mp / SEAL ABOVE		ay of An	20 <u>0 3</u>	
to certify which, witnes	lisa Julia Davis Ellisal	Seni	ior Execut	ive Secretary	
Signature of officer administerin	nber To Attach Any Part Of The Campaig Needed To Report And Explain Co	ın Finance	Report Fo		

(512)463-5800 CEIVERO-325-

# **CORRECTION AFFIDAVIT FOR** CANDIDATE/OFFICEHOLDER

2003 JAN 21 PM 12: 03

A filer who submits a corrected report after the filing deadline for the report is subject to a late fine if there was a material error in the original report. Nonetheless, the Ethics Commission will not impose a late fine on a filer who submits a corrected report (other than one correcting a report due 8 days before an election) if the filer completes this form and signs the "good-faith" affidavit.

#### CORRECTED REPORT DOES NOT EXCUSE A FINE FOR A LATE "8-DAY" REPORT.

Completing this form does not allow you to avoid a late fine in connection with a report due 8 days before an election. The fine for a late "8-day" report is \$100 for each day the report is late (up to a maximum \$10,000 fine). The Ethics Commission must consider each request for a waiver of a fine for a late "8-day" report individually.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- 5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction. Attach any pages of the campaign finance report form that have changed and clearly indicate what information has changed. Explain why there was an error on the original report. (Use additional pages if you need more space.)
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

#### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

P.O. Box 12070

CITY OF SAN ANTONIO

FORM C/OH COVER SHEET PG 1

2003 JAN 21 PM 12: 03					
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	title First Councilman Enrique	мі М	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	Barrera				
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: PO Box 76/555	CITY; STATE; ZIP CODE			
Change of Address	San Antonio, TX 782	145	Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	TITLE FIRST  Mrs Leticia	MI	Descript #		
NAME	NICKNAME LAST	SUFFIX	Receipt # Amount  Date Processed		
	Barrera		Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SI 6435 Buena Vista	JITE#; CITY; STATE;	ZIP CODE		
	San Antonio, TX 7	18237			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2/0) 432-2431	EXTENSION			
8 REPORT TYPE	January 15 30th day before elect	ion Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	on Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THR	OUGH #12 / 31	Vear O2		
10 ELECTION	BLECTION DATE Month Day Year  05 03 03 Prima		General Special		
11 OFFICE	City Council District 6	12 OFFICE SOUGHT (if know)	oil District 6		
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures are campaign expenditures are required to disclose this information.	penditures made by others without the can n only if they receive notification of the dire	didate's prior consent or approval. ct campaign expenditure. ••		
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code			
additional pages					
	GO ТО	PAGE 2			

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 CANDIDATE / OFFICEHOLDER REPORTS SAN ANTONIO SLIPPORT & TOTAL S FORM C/OH

SUPPORT	& IUIAL	2003 JAN 21 PM 12: (	JOVER SHEET PG Z
14 C/OH NAME			5 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates if they receive notice of such expenditures.	e / officeholder. These expenditures and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit below	and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		. POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL	. POLITICAL EXPENDITURES	\$ 0
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0
19 AFFIDAVIT			
		I swear, or affirm, under penalty of per is true and correct and includes all informe under Title 15, Election Code.	• • • • • • • • • • • • • • • • • • • •
JUL MY	IA DAVIS ELUSO COMMISSION EXPIRE April 29, 2005	N M	ate or Officeholder
AFFIX NOTARY STAM		the said ENRIGUE M. BARRERA	this the 17th day
	21 N	rtify which, witness my hand and seal of office.	, tills tile day
Signature of officer ac	dininistering oath	Printed name of officer administering oath  Title	ion Claudice Secretar of officer administering oath

#### **POLITICAL CONTRIBUTIONS** 0

SCHEDULE A1

OLITICAL CONTINIDOTIONS	Q11 1 =		OO!!LDOLL 7 t
THER THAN PLEDGES OR LOANS	JAN 21	PM 12: 03 (FOR	FORMS C/OH, C/OH-SS, SC-C/OH SC-SPAC, SPAC, & SPAC-SS

The Instruction Good explains how to complete this form.   1 Total pages this Schedule At: //   2 FILER NAME   Enrique M. Barrera Canyarign   3 ACCOUNT# (Etroc Commission flers)   3 ACCOUNT# (Etroc Commission flers)   3 ACCOUNT# (Etroc Commission flers)   4 Date   5 Full name of contributor		2003 JAN 21 PH 12					
Enrique M. Barrers Canyxing   4 Date   5 Full name of contributor	<del></del>	The Instruction				Schedule A1:	
Contributor address: City: State: Zip Code   Contributor (Optional)   Contributor (Option	2	FILER NAME	Enrique M. Barrera Campaign		3 ACCOUNT # (Eth	ics Commission filers)	
9 Principal occupation (Optional)  Date   Full name of contributor	4	Date	RCC Koozie			description (if applicable)	
Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)   description (if applicable)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontributor (If applicable)    Principal occupation (Optional)   Employer (Optional)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontributor (If applicable)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontributor (If applicable)    Principal occupation (Optional)   Employer (Optional)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontributor (If applicable)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontributor (If applicable)    Contributor address: City: State: Zip Code   Ontribution (If applicable)				X 78237	500	gift sets (2s)	
Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Date  Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)   description (if applicable)  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Contributor address: City: State: Zip Code    Out-of-state PAC (ID#:   Amount of contribution (if applicable)	9	Principal occup	ation (Optional)	10 Employer (Option	al)		
Principal occupation (Optional)  Date   Full name of contributor   out-of-state PAC (ID#:		Date					
Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)   In-kind contribution (description (if applicable)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontribution (\$)   Amount of contribution (\$)   description (if applicable)    Principal occupation (Optional)   Employer (Optional)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontributor (\$)   Amount of contribution (\$)   In-kind contribution (\$)    Principal occupation (Optional)   Employer (Optional)    Date   Full name of contributor   out-of-state PAC (ID#:   Ontribution (\$)   Amount of contribution (\$)   description (if applicable)			Contributor address; City; State; Zip Code				
Contributor address; City; State; Zip Code  Principal occupation (Optional)  Date  Full name of contributor  Contributor address; City: State: Zip Code  Principal occupation (Optional)  Employer (Optional)  Amount of contribution (\$) In-kind contribution description (if applicable)  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Amount of contribution (\$) In-kind contribution description (if applicable)  Contributor address: City: State: Zip Code  Contributor address: City: State: Zip Code		Principal occup	eation (Optional)	Employer (Option	al) 		
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Contributor address; City; State; Zip Code  Principal occupation (Optional)  Employer (Optional)  Date  Full name of contributor  Out-of-state PAC (ID#:		Principal occup	pation (Optional)	Employer (Option	al)		
Principal occupation (Optional)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable)  Contributor address; City; State; Zip Code		Date	Full name of contributor Out-of-state PAC (ID#:	)			
Date  Full name of contributor  Out-of-state PAC (ID#:		Contributor address; City; State; Zip Code					
Contribution (\$) description (if applicable)  Contributor address; City; State; Zip Code		Principal occupation (Optional) Employer (Optional)					
Principal occupation (Optional) Employer (Optional)		Date					
		Principal occup	pation (Optional)	Employer (Option	nal)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

Texas Ethics Commission

#### FORM C/OH COVER SHEET PG 1

(512)463-5800

The C/OH Instruction Gu	UIDEEXPlains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages this report:		
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3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	МІ	OFFICE USE ONLY		
NAME	Mr. Enrique		Date Received		
· ** <u>-</u>	NICKMANE	PUEELY			
	NICKNAME LAST	SUFFIX			
	Barrera		a con		
4 CANDIDATE /	ADDRESS (PO DOV. ADT (QUITE II)	CITY: STATE: ZIP CODE	many participation of the second of the seco		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE			
ADDRESS	P.O. Box 761555		S. M. S.		
	0 A-ti- TV 70045		Date Hand-delivered or Date Postmarked		
Change of Address	San Antonio TX 78245		호 S 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
E CAMPAION	TITLE FIRST	MI			
5 CAMPAIGN TREASURER	Mrs. Leticia	MI	0		
NAME	iviis. Leucia		Receipt # Amount		
	NICKNAME LAST	SUFFIX	B + B		
	Barrera		Date Processed		
			Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE#; CITY; STATE;	ZIP CODE		
TREASURER					
ADDRESS	6435 Buena Vista				
(Residence or business)	0 4 10 10 70 70007				
	San Antonio TX 78237				
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(210) 432-2431				
PHONE	(210) 432-2431				
8 REPORT TYPE					
NEI OKT THE	X January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)		
	<u> </u>		Final second (Attack C/Ott, FD)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD	Month Day Year	Month Day	Year		
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10 ELECTION	ELECTION DATE ELECTION TO	YPF			
IN ELECTION	Month Day Year				
†	Primary	y Runoff	General Special		
	05/03/0002				
11 OFFICE	OFFICE HELD (if any) Other City Council District 6 6	12 OFFICE SOUGHT (if known Other City Counc	n) il District 6 6		
	Sinoi - Sity Obunion District 0	Julion - Only Country	2.3.100		
42					
DIRECT CAMPAICAL  Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					
CAMPAIGN	Candidates are required to disclose this information	only if they receive notification of the diff	ect campaign expenditure.		
EXPENDITURE BY OTHER	Name				
INDIVIDUALS					
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code			
additional pages					
****					
	GO TO	PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT:**

# FORM C/OH

## C/OH NAME  16 NOTICE FROM POLITICAL COMMITTEE(S)  16 NOTICE FROM POLITICAL COMMITTEE(S)  17 NO REPORTABLE 16 GENERAL  17 NO REPORTABLE 16 COMMITTEE CAMPAIGH TREASURER AGRESS  17 NO REPORTABLE 17 NO REPORTABLE 18 COMMITTEE CAMPAIGH TREASURER AGRESS  19 PECIFIC  19 PECIFIC  10 TOTAL POLITICAL CONTRIBUTIONS 20 TOTALS OF TOTAL POLITICAL CONTRIBUTIONS 21 TOTAL POLITICAL CONTRIBUTIONS 22 TOTAL POLITICAL CONTRIBUTIONS 23 TOTAL POLITICAL EXPENDITURES OF 500 OR LESS. UNLESS ITEMIZED  4 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  10 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  6 O OO  4 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  6 O OO  4 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  6 O OO  5 TOTAL POLITICAL EXPENDITURES  6 O OO  4 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  6 O OO  5 TOTAL POLITICAL EXPENDITURES  5 TOTAL POLITICAL EXPENDITURES  6 O OO  6 TOTAL POLITICAL EXPENDITURES  6 O OO  7 TOTAL POLITICAL EXPENDITURES  7 TOTAL POLITICAL EXPENDITURES  7 TOTAL POLITICAL EXPENDITURES  8 TOTAL POLITICAL EXPENDITURES  9 TOTAL POLITICAL EXPENDITURES  9 TOTAL POLITICAL EXPENDITURES  1 SWEAR, OR GUARANTEES OF LOANS AS OF THE  1 SWEAR, OR GUARANTEES OF LOANS AS OF THE  1 SWEAR, OR GUARANTEES OF LOANS AS OF THE  1 SWEAR, OR GUARANTEES OF LOANS AS OF THE  1 SWEAR, OR GUARANTEES OF LOANS AS OF THE  1 SWEAR OF COMMISSION EXPENDITURES  1 SWEAR OF COMMISSION EXPENDED	SUPPORT	Γ & TOTAL	.s	COVER SHEET PG 2
FROM POLITICAL COMMITTEE (S)  COMMITTEE TOWN  COMMITTEE TOWN  COMMITTEE TOWN  COMMITTEE TOWN  COMMITTEE TOWN  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE C	14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
COMMITTEE TYPE  GENERAL  COMMITTEE ADDRESS  GENERAL  COMMITTEE ADDRESS  GENERAL  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE TO COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE TO COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE ADDRESS  COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMITTEE ADDRESS OF SOOR LESS. COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMITTEE ADDRESS OF SOOR LESS.  COMMITTEE ADDRESS OF SOOR LESS. COTHER THAN PLEDGES.  COMMI	FROM POLITICAL	I may nave deen mad	o willioul the candidate's of omcenoider's knowledge of consent. Condidate	ate / officeholder. These expenditures and officeholders are required to report
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COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  TO NO REPORTABLE ACTIVITY  Check here if no reportable activity occurred during this reporting period. (Sign affidam below and author) pages 1 and 2 only.)  CONTRIBUTION  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  \$ 60,000  4. TOTAL POLITICAL EXPENDITURES  \$ 86/5.70  OUTSTANDING LOAN TOTALS  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  19. AFFIDAVIT  1. Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  WINCOMMISSION EXPRESS April 29, 2005  AFFIX NOTARY STAMP / SEAL ABOVE  SWOTT to and subscribed before me, by the said EMERGEM. BARRELA this the 15 May  AFFIX NOTARY STAMP / SEAL ABOVE  SWOTT to and subscribed before me, by the said EMERGEM. BARRELA this the 15 May  APRIL MAN AND AND AND AND AND AND AND AND AND A			COMMITTEE ADDRESS	
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TO NO REPORTABLE  Check here if no reportable activity occurred during this reporting period. (Sign affidew) below and submit people 1 and 2 art)  BE CONTRIBUTION TOTALS  1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  19. AFFIDAVIT  1 Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  3 Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  3 Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  3 Isgnature of Candidate or Officencider  3 Iswear, 20 O 3 Iso certify which, witness my hand and seal of office.  4 Is Depart of Candidate or Officencider  5 Iswear, 20 O 3 Iso certify which, witness my hand and seal of office.  4 Iswear, 20 O 3 Iso certify which, witness my hand and seal of office.	additional pages			<u> </u>
ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign afficient below and submit pages 1 and 2 only)  18 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 13790.00  EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 60.00  4. TOTAL POLITICAL EXPENDITURES \$ 86/5.70  OUTSTANDING LOAN TOTALS 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1 Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  1 Supplied DAVIS EULSON APPLIED STAND OF THE SAID CODE.  3 APPLIED STAND OF THE SAID CODE.  4 Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  5 Signature of Candidate or Officeholder  5 APPLIED STAND OF THE SAID CODE.  5 APPLIED STAND OF THE SAID CODE.  5 Signature of Candidate or Officeholder  5 APPLIED STAND OF THE SAID CODE.  5 APPLIED STAND OF THE SAID CODE.  5 Signature of Candidate or Officeholder  5 APPLIED STAND OF THE SAID CODE.			COMMITTEE CAMPAIGN TREASURER ADDRESS	
TOTALS  PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  \$ 60,00  4. TOTAL POLITICAL EXPENDITURES  \$ 86/5.70  OUTSTANDING LOAN TOTALS  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  19 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  Signature of Candidate or Officenoider  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said ENRIGGE M. BARLELA, this the 15 day  SWORM to and subscribed before me, by the said ENRIGGE M. BARLELA, this the 15 day  SUMMEY 20 2 3 to certify which, witness my hand and seal of office.  SWORM SUMMER SALLABOVE  SWORM SALLABOV			no reportable activity occurred during this reporting period. (Sign affidavit below	y and submit pages 1 and 2 only.)
EXPENDITURE  3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said EMRIGLE M. BARRELA, this the 15 day  The Day is Ellison  The Day			POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
4. TOTAL POLITICAL EXPENDITURES  \$ 86/5.70  OUTSTANDING LOAN TOTALS  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said ENRIGHE M. BARRELA, this the 15 day  APPLICATION OF THE REPORTING PERIOD  1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said ENRIGHE M. BARRELA, this the 15 day  APPLICATION OF THE REPORTING PERIOD  1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said ENRIGHE M. BARRELA, this the 15 day  APPLICATION OF THE REPORTING PERIOD  1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said ENRIGHE M. BARRELA , this the 15 day  AFFIX NOTARY STAMP / SEAL ABOVE  AFFIX NOTARY STA				\$ 13790.00
OUTSTANDING LOAN TOTALS  5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said		3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said   ENRIGUE M. BARRELA , this the   Sworn to and subscribed before me, by the said   ENRIGUE M. BARRELA , this the   Julia Davis Ellison		4. TOTAL	POLITICAL EXPENDITURES	\$ 86/5.70
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MY COMMISSION EXPIRES April 29, 2005  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said		5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
is true and correct and includes all information required to be reported by me under Title 15, Election Code.  JULIA DAVIS ELUSON MY COMMISSION EXPRES April 29, 2005  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said	19 AFFIDAVIT			
sworn to and subscribed before me, by the said ENRIGUE M. BARKERA, this the 15 day of formula, 2003, to certify which, witness my hand and seal of office.  Helia Whise When Julia Davis Ellison Seria Learning Secretar.	JULIA MY CC Ap	DAVIS ELUSON DAMISSION EXPIRES ril 29, 2005	is true and correct and includes all informe under Title 15, Election Code.	rmation required to be reported by
September 2003, to certify which, witness my hand and seal of office.  Helix Whis When Julip Dipuis Ellison Serien Executive Secretary.	_		Despit ENRIGHE M. BARRELA	15 th
Julie Whise When Julia Davis Ellison Senior Executive Secretary.  Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath.				uns the day
	Helix White Signature of officer adm	Man J	Printed name of officer administering oath  Title of	in Executive Secretar

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

(512)463-5800

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	The Instruction	N GUIDE explains how to complete this form.		1 Total pages this a	
2	FILER NAME			3 ACCOUNT #	(Ethics Commission filers)
-	Mr. Enrique	Barrera		00000000	
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID# Mr. David Carter	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	09/17/0002	6 Contributor address; City; State; Zip Code 708 El Prado Drive West		100.00	   
	l l	San Antonio TX 78212			
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Charlie Gonzalez Congressional Campaign		Amount of contribution (\$)	In-kind contribution description (if applicable)
ŧ	10/18/0002	Contributor address; City; State; Zip Code P.O. Box 12612		500.00	!   
<u> </u>		San Antonio TX 78212			
	Principal occup	ation (Optional)	Employer (Option	ai)	
	Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 15243 Pebble Cove		250.00	   
1		San Antonio TX 78232			
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  out-of-state PAC(ID# Consulting Engineers Council of Texas	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/03/0002	Contributor address; City; State; Zip Code 1001 Congress Avenue,Suite 200		300.00	
		Austin TX 78701			
	Principal occup	pation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor  out-of-state PAC(ID# Mr. Jesse Covarrubias	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/04/0002	Contributor address; City; State; Zip Code 204 Shalimar		100.00	20 20
		San Antonio TX 78213			
	Principal occu	pation (Optional)	Employer (Option	nal)	e een
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2	FILER NAME Mr. Enrique	Barrera		3 ACCOUNT # 00000000	(Ethics Commission filers)
4	Date	Full name of contributor    out-of-state PAC(ID# Mr. Brad and Lauren Davis		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/17/0002	6 Contributor address; City; State; Zip Code 11434 Whisper Dawn		500.00	
		San Antonio TX 78230			
9	Principal occupa	ation (Optional)	10 Employer (Option	al) 	
-	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/0002	Contributor address; City; State; Zip Code 11434 Whisper Dawn		50.00	 
		San Antonio TX 78230			
Г	Principal occup	ation (Optional)	Employer (Option	nal)	
-	Date	Full name of contributor  ut-of-state PAC(ID# Mr. Lloyd Denton Jr.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 7979 Broadway,Suite 101		500.00	   
		San Antonio TX 78209			<u> </u>
	Principal occup	pation (Optional)	Employer (Option	nal)	·
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/0002	Contributor address; City; State; Zip Code 411 FM 473		100.00	
		Comfort TX 78013			
	Principal occup	pation (Optional)	Employer (Optio	nal)	
	Date	Full name of contributor  ut-of-state PAC(ID# out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 111 Soledad,Suite 1111		2000.00	. EUL
		San Antonio TX 78205			
r	Principal occu	pation (Optional)	Employer (Option	nal)	I SER
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FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
Mr. Enrique	e Barrera		00000000	
Date	5 Full name of contributor  ut-of-state PAC(ID# out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/17/0002	6 Contributor address; City; State; Zip Code 10779 Shaenfield Road		250.00	 
	San Antonio TX 78254			
Principal occu	pation (Optional)	10 Employer (Options	al)	
Date	Full name of contributor  ut-of-state PAC(ID# GSABA-SABPAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/17/0002	Contributor address; City; State; Zip Code 8925 IH-10 West		1000.00	
	San Antonio TX 78230			
Principal occu	upation (Optional)	Employer (Option	aı)	
Date	Full name of contributor  uut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/17/0002	Contributor address; City; State; Zip Code 8100 Braodway,Suite 200		500.00	
	San Antonio TX 78209			
Principal occ	upation (Optional)	Employer (Option	oal)	
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
07/17/0002	Contributor address; City; State; Zip Code P.O. Box 17065		1000.00	
	San Antonio TX 78217			
Principal occ	supation (Optional)	Employer (Option	nal)	
Date	Full name of contributor  out-of-state PAC(ID#_Mr. & Mrs. Jimmy Jimenez	)	Amount of contribution (\$)	In-kind contribution description (if applicable
10/14/0002	Contributor address; City; State; Zip Code 4026 Glen Rock		300.00	2003
	San Antonio TX 78240			5.000
Principal occ	cupation (Optional)	Employer (Optio	nal)	= = = = = = = = = = = = = = = = = = = =
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Texas Ethics Commission

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2 FILER NAME Mr. Enrique	Barrera		3 ACCOUNT#	(Ethics Commission filers)
· ·	5 Full name of contributor  ut-of-state PAC(ID#	١	00000000 7 Amount of	8 In-kind contribution
4 Date	Mrs. Brenda Vickrey Johnson		contribution (\$)	description (if applicable)
10/07/0002	6 Contributor address; City; State; Zip Code 13055 North Hunters Circle		250.00	   
	San Antonio TX 78230			
9 Principal occup	ation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of	In-kind contribution
50.0	Jose Menendez Campaign		contribution (\$)	description (if applicable)
10/18/0002	Contributor address; City; State; Zip Code P.O. Box 760115		200.00	   
	San Antonio TX 78245			
Principal occup	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor  out-of-state PAC(ID# Mr. Gerald and Andrea Lee	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/30/0002	Contributor address; City; State; Zip Code 1226 East Sunshine		750.00	   
	San Antonio TX 78228			
Principal occup	Dation (Optional)	Employer (Option	nal)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/17/0002	Contributor address; City; State; Zip Code 130 Funston Place		500.00	
	San Antonio TX 78209			<u> </u>
Principal occu	pation (Optional)	Employer (Optio	nal)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/17/0002	Contributor address; City; State; Zip Code 266 Rockhill		500.00	710
	San Antonio TX 78209			- L (6017)
Principal occu	pation (Optional)	Employer (Option	onal)	2 997
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# **POLITICAL CONTRIBUTIONS**

OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

(512)463-5800

	The Instruction	GUIDE explains how to complete this form.		1 Total pages this i	·
2	FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
_	Mr. Enrique	Barrera		00000000	
4		Full name of contributor    out-of-state PAC(ID# Becky Oliver		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/17/0002	6 Contributor address; City; State; Zip Code 414 Balfour		250.00	 
		San Antonio TX 78209			<u> </u>
9	Principal occupa	ation (Optional)	10 Employer (Optiona	al)	
	Date	Full name of contributor  uut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 11 Lynn Batts Lane,Suite 100		1000.00	 
		San Antonio TX 78218	Fleves (Ontion	al)	
	Principal occupa	ation (Optional)	Employer (Optiona	ai)	
_	Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/04/0002	Contributor address; City; State; Zip Code P.O. Box 690287		110.00	 
		San Antonio TX 78269			
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 2 Enchanted Wood		100.00	
		San Antonio TX 78248			
	Principal occup	pation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 8620 North New Braunfels,Suite 400		500.00	
		San Antonio TX 78217			1 - 52
Γ	Principal occu	pation (Optional)	Employer (Option	nal)	
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#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

1-800-325-8506

The Instruction Guide explains how to complete this form.			Total pages this report: 9/17		
2	FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
-	Mr. Enrique			0000000	
4	Date	5 Full name of contributor  uut-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/07/0002	6 Contributor address; City; State; Zip Code 211 Mecca Drive		500.00	   
		San Antonio TX 78232			
9	Principal occup	ation (Optional)	10 Employer (Options	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 4006 Green Oak Drive		250.00	   
		Waco TX 76710	F (0.11)		<u> </u>
	Principal occup	Principal occupation (Optional) Employer (Option		ai)	
	Date	Full name of contributor  ut-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/26/0002	Contributor address; City; State; Zip Code 832 Eventide		250.00	   
		San Antonio TX 78209			
	Principal occup	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor  out-of-state PAC(ID# Turner,Collie & Braden PAC	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/18/0002	Contributor address; City; State; Zip Code P.O. Box 130089		80.00	   
		Houston TX 77219			1
	Principal occup	Dation (Optional)	Employer (Option	aal)	
	Date	Full name of contributor  ut-of-state PAC(ID# Westpond Unit II,LTD	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/17/0002	Contributor address; City; State; Zip Code 12042 Blanco Road,Suite 175		250.00	
		San Antonio TX 78216			
Г	Principal occu	pation (Optional)	Employer (Option	nal)	7 23%
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<u>-</u>	FILER NAME			3 ACCOUNT#	(Ethics Commission filers)
	Mr. Enrique			00000000	O La lidada a salaba dia a
	Date	5 Full name of contributor ☐ out-of-state PAC(ID# Mr. David Zachry	l	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/26/0002	6 Contributor address; City; State; Zip Code 313 Cloverleaf		100.00	   
		San Antonio TX 78209			
9	Principal occup	ation (Optional)	10 Employer (Optional	al)	
	Date	Full name of contributor  ut-of-state PAC(ID# Mr. H.B. Zachry	Ì	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/0002	Contributor address; City; State; Zip Code 210 South Saint Mary's Street		250.00	   
		San Antonio TX 78205	Employer (Option	al)	<u> </u>
	Principal occup	oation (Optional)	Employer (Option	wi)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
	09/17/0002	Contributor address; City; State; Zip Code 310 South Saint Mary's Street	.,	250.00	
	San Antonio TX 78205				
	Principal occup	pation (Optional)	Employer (Option	al)	
_	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable
	09/18/0002	Contributor address; City; State; Zip Code P.O. Box 240130		100.00	
		San Antonio TX 78224			
			Employer (Option	nal)	

Texas Ethics Com	nmission P.O.Box 12070 Austin, Texas 76	3711-2070	(512)463-5800	1-800-325-8506
	CAL EXPENDITURES		s	CHEDULE F
The Instruction	on Guide explains how to complete this form.		1 Total pages report: 11/17	
2 FILER NAME Mr. Enrique			3 ACCOUNT # (E 00000000	thics Commission filers)
4 Date 10/30/0002	5 Payee name Acadiana Cafe 6 Payee address; City; State; Zip Code 1289 Southwest Loop 410 San Antonio TX 78227			Amount (\$) 325.00
8 Purpose of ex information re Fundraising		9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/O name Office sou	
Date 12/15/0002	Payee name  Mr. Ruben Alfaro  Payee address; City; State; Zip Code 203 Upson  San Antonio TX 78212			Amount (\$) 300.00
Purpose of ex information re Photography		Complete if direct exp Candidate / Officeholder	penditure to benefit C/O name Office soi	
Date 08/23/0002	Payee name  Bexar County Democratic Party  Payee address; City; State; Zip Code  301 South Frio  San Antonio TX 78207			Amount (\$) 1000.00
Purpose of ex information re Contribution		Complete if direct exp Candidate / Officeholder	penditure to benefit C/C name Office so	OH " ught Office held
Date 11/16/0002	Payee name  Bolners  Payee address; City; State; Zip Code 2900 South Flores  San Antonio TX 78204			Amount (\$) 76.422
information re	xpenditure (See instructions regarding type of equired.) aner reception	Complete if direct ex Candidate / Officeholder	penditure to benefit C/C name Office so	OH . D OFFICE DESCRIPTION OF THE PROPERTY OF T

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

# **POLITICAL EXPENDITURES**

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages report: 12/17	
2 FILER NAME Mr. Enrique			3 ACCOUNT # (Ethics Comm 00000000	nission filers)
4 Date	5 Payee name		7 A	mount
12/27/0002	Bolners		Ì	(\$) 37.91
	6 Payee address; City; State; Zip Code			
	2900 South Flores			
	San Antonio TX 78204			
Purpose of ex information re Food for me	• •	9 Complete if direct expr Candidate / Officeholder n	enditure to benefit C/OH ** lame Office sought	Office held
Date	Payee name		A	mount
08/20/0002	Mr. John Brewer			(\$) 150.00
00/20/0002				130.00
	Payee address; City; State; Zip Code 255 East Kings Highway			
Dumana of a	San Antonio TX 78228	Complete if direct evo	enditure to benefit C/OH ••	
information required.) Candidate / Officeholder name				Office held
Campaign S	Services			
				mount
Date	Payee name		"	(\$)
07/13/0002	Mr. Mike DeNuccio			518.05
	Payee address; City; State; Zip Code			
	255 East Kings Highway			
	San Antonio TX 78212			
information re	xpenditure (See instructions regarding type of equired.) ent for Storage,Uhaul,Tablecloths	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought	Office held
	<b>5</b>			
Date	Payee name		,	Amount
12/16/0002	Mr. Mike DeNuccio			(\$) 100.00
		 }		
	255 East Kings Highway	-		
	San Antonio TX 78212		f f	
Purpose of e	expenditure (See instructions regarding type of	Complete if direct exp	penditure to benefit C/OH	
information re		Candidate / Officeholder	name Office sought	Office held
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2 FILER NAME Mr. Enrique		3 ACCO	UNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
11/16/0002	HEB		( <del>\$)</del> 65.44
11/10/0002			
	6 Payee address; City; State; Zip Code 721 Castroville Road		
· · · · · · · · · · · · · · · · · · ·	San Antonio TX 78207		
8 Purpose of exp	penditure (See instructions regarding type of	Complete if direct expenditure to be Candidate / Officeholder name	Office sought Office held
Food for dinn			
Date	Payee name		Amount
	<b>'</b>		(\$) 1631.25
12/15/0002	HEB		
	Payee address; City; State; Zip Code		
	721 Castroville Road		
	San Antonio TX 78207		
Purpose of ex	penditure (See instructions regarding type of	Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH **  Office sought Office held
information required.)  Candidate / Officeholder name Holiday cards			Sindo sougin Sindo Note
i ionaay oaru	<del></del>		
Date	Payee name		Amount
			(\$)
12/27/0002	HEB		14.69
	Payee address; City; State; Zip Code	1	
	721 Castroville Road		
	San Antonio TX 78207		
Purpose of ex	xpenditure (See instructions regarding type of	Complete if direct expenditure to l	Denefit C/OH " Office held
information re Food and D	equired.)	Candidate / Officeholder name	Office sought Office hero
FOOG SING D	THING		
			Amount
Date	Payee name		(\$)
08/14/0002	Holmes High School		95.00
	Payee address; City; State; Zip Code	3	
	6900 Inram Road		21 C
	San Antonio TX 78238		
Purpose of e	expenditure (See instructions regarding type of	Complete if direct expenditure to	benefit C/OH
information re	equired.)	Candidate / Officeholder name	Office sought Office beld
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The Instruction	אס Guide explains how to complete this form.		1 Total pages re 14/17	port:
2 FILER NAME Mr. Enrique			3 ACCOUNT 00000000	# (Ethics Commission filers)
4 Date 12/04/0002	<ul> <li>5 Payee name Ithaca Investments Ltd.</li> <li>6 Payee address; City; State; Zip Code 100 NE Loop 410</li> <li>San Antonio TX 78237</li> </ul>		7	Amount (\$) 250.00
8 Purpose of expinformation reconfice rent	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder no		CC/OH " ice sought Office held
Date	Payee name			Amount (\$)
08/14/0002	John Jay High School			100.00
	Payee address; City; State; Zip Code 7611 Marbach			
Purpose of ex	San Antonio TX 78227 penditure (See instructions regarding type of	Complete if direct expe	enditure to benefi	t C/OH ··
information re Football Pro	quired.)	Candidate / Officeholder n		fice sought Office held
Date	Payee name			Amount (\$)
12/12/0002	PC Mailing			350.00
	Payee address; City; State; Zip Code 10711 Hilltop Drive			
	San Antonio TX 78217			
Purpose of ex information re Mailout	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benef ame O	it C/OH **  Iffice sought Office held
Date	Payee name			Amount (\$)
12/20/0002	Postmaster			74.00
	Payee address; City; State; Zip Code 5555 Saint Fernando Street			
	San Antonio TX 78205			
Purpose of exinformation re Postage	penditure (See instructions regarding type of equired.)	Complete if direct exp Candidate / Officeholder i	enditure to benet name C	if C/OH · · · · · · · · · · · · · · · · · · ·
<u> </u>				O Paris (1974)

The Instruction	אס Guide explains how to complete this form.		Total pages report: 15/17	
2 FILER NAME Mr. Enrique			3 ACCOUNT # (Ethic 00000000	s Commission filers)
4 Date 12/20/0002	6 Payee address; City; State; Zip Code 5555 Saint Fernando Street San Antonio TX 78205			Amount (\$) 74.22
Purpose of expinformation reconstage	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office sough	
Date 07/13/0002	Payee name Principal Impact Payee address; City; State; Zip Code P.O. Box 761555 San Antonio TX 78245			Amount (\$) 1318.00
Purpose of ex information red Fundraising		Complete if direct exp Candidate / Officeholder i	enditure to benefit C/OH name Office sough	
Date 08/20/0002	Payee name  Principal Impact  Payee address; City; State; Zip Code  P.O. Box 761555  San Antonio TX 78245		,	Amount (\$) 520.72
Purpose of ex information re Fundraising	• •	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sough	
Date 09/24/0002	Payee name  Principal Impact  Payee address; City; State; Zip Code P.O. Box 761555  San Antonio TX 78245			Amount (\$) 1000.00
Purpose of ex information re Fundraising		Complete if direct ex Candidate / Officeholder	penditure to benefit C/OH name Office soug	
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The Instruction	ON GUIDE explains how to complete this form.		1 Total pages r 16/17	eport:
2 FILER NAME Mr. Enrique			3 ACCOUN 00000000	# (Ethics Commission filers)
4 Date 12/03/0002	<ul> <li>5 Payee name</li> <li>S. A. Post</li> <li>6 Payee address; City; State; Zip Code</li> <li>P.O. Box 14463</li> <li>San Antonio TX 78214</li> </ul>			7 Amount (\$) 100.00
8 Purpose of expinformation red Advertisement		9 Complete if direct experiments of Candidate / Officeholder n		it C/OH ** ffice sought Office held
Date	Payee name			Amount (\$)
07/22/0002	San Antonio AFL-CIO  Payee address; City; State; Zip Code 311 South Saint Mary's  San Antonio TX 78205			175.00
Purpose of ex information red Ad	penditure (See instructions regarding type of quired.)	Complete if direct expo Candidate / Officeholder n		it C/OH ••  ffice sought Office held
Date	Payee name			Amount (\$)
08/14/0002	Taft High School  Payee address; City; State; Zip Code  11600 FM 471  San Antonio TX 78253			95.00
Purpose of ex information re Football Pro		Complete if direct exp Candidate / Officeholder r		fit C/OH ** Office held
Date	Payee name			Amount (\$)
07/31/0002	West San Antonio Chamber of Commerce  Payee address; City; State; Zip Code 301 South Frio Street,#175			60.00 CI
Purpose of ex information re Luncheon R		Complete if direct exp Candidate / Officeholder r		
·				Revised 472/1999

The Instruction Guide explains how to complete this form.	1 Total pages report: 17/17				
2 FILER NAME Mr. Enrique Barrera	3 ACCOUNT # (Ethics Commission filers) 000000000				
4 Date 5 Payee name West San Antonio Chamber of Commerce 6 Payee address; City; State; Zip Code 301 South Frio Street,#175 San Antonio TX 78207	7 Amount (\$) 125.00				
8 Purpose of expenditure (See instructions regarding type of information required.)  Membership fee  9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH ** name Office sought Office held				